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APPLICANTS

Steve Postma, New Berlin, WI;

** CONTINUING DATA *****

None, 12

** FOREIGN APPLICATIONS *****

None, 12

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Method and system for determining hardware configuration of medical equipment using RF tags

FILING FEE RECEIVED 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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